**REQUEST FOR** SEP TINUED EXAMINATION (RCE) **TRANSMITTAL** 

> Mail Stop RCE Commissioner For Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Application Number:	09/833,305
Filing Date:	4/10/01
First Named Inventor:	Robert A. Kronenberger
Group Art Unit:	3625
Examiner Name:	Jeffrey A. Smith
Attorney Docket No.	AME00130P00230US

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

• 1.	amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).						
	a.		Previ	ously submitted. If a final Office Action is outstanding, any amendments filed after the Office Action may be considered as a submission even if this box is not checked.			
		i.	<u> </u>	Consider the arguments in the Appeal Brief or Reply Brief previously filed on			
		ii.		Other:			
	b.	፟	Enclo				
		i.	⊠	Amendment/Reply			
		ii.		Affidavit(s)/Declaration(s)			
		iii.		Information Disclosure Statement			
		iv.	՛്	Petition for Extension of Time			
		V.		Other:			
2.	Misce	ellaneou	<b>is</b> . Su 1.1	spension of action on the above-identified application is requested under 37 CFR 03(c) for a period of:			
	a.	므	1.17(i	months. (Period of suspension shall not exceed 3 months. Fee under 37 CFR ) required)			
	b.		Other				
3.	Fees.	The F	CE fee	under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. The filing			

fee has been calculated as shown below:

Small Entity

Large Entity

For	Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Rate	Fee		Rate	
Basic Fee	*				\$395.00	OR	1.,.	
Total Claims	18	18		x \$25.00	\$	OR	× \$50.00	
Independent Claims	3	3		x \$100.00	\$	OR	x \$200.00	
Multiple Dependent Claims				x \$180.00	\$	OR	x \$360.00	
006 HDEMESS1 0000	TOTAL	\$395.00	OR	TOTAL				

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395.00 OP

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Fee

\$790.00

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	a. •	⊠ i. iii.	or cred	it any overpayn f this sheet. RCE filing fee	authorized to c ents, to Deposi ficiencies in fee	t Account No. 2	ving fees, ar 13-0785. I h	ny underpa nave enclo	ayment of fees, sed a duplicate
	b.	፟		ck in the amou enclosed.	int of \$ <u>395.00</u>	and \$795.00	(extension	)	to cover the
4.	Corre	sponder	nce Add	ress:	Citigroup Cer 500 West Ma Chicago, Illin Telephone: (			ORTIMER	
				Cus	tomer Numb	er: 32116			
Date:	Sept	. 28, 200	6	Attorne	y's Signature	John'S. Morti	mer, Reg. N	No. 30,407	
				CERTIFICAT	E OF MAILING	BY EXPRESS	MAIL		
enclo Office	sed her	ein, are Iressee"	being de service ι	posited in an er	ivelope with the .10 on the date	United States indicated below	Postal Serv v and addre	ice "Expre	ts referred to as ess Mail Post Mail Stop RCE,
Expre	ess Mai	Label N	0.:		EV8436406	74			
Date	of Depo	osit:			Sept. 28, 2	006			
Туре	d/Printe	d Name	of Perso	on Signing:	Terri Craine				
Signa	ature:				Derr	i Cri	avi		